## American Academy of Pediatrics



# Department of Government Liaison

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APR 4 199

Federal Communications Commission Office of Secretary

April 4, 1997

Office of the Secretary Federal Communications Commission 1919 M Street, N.W. Washington, D.C. 20554

RE: CS Docket No. 97-55

Dear Commissioners:

Attached is the American Academy of Pediatrics' formal comments on the television ratings system. I've included nine additional copies for distribution.

If you have any questions, please call me at 202/347-8600. Thank you.

Sincerely,

Marjorie Tharp

Public Affairs Manager

**Enclosures** 

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Federal Communications Commission
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RE: CS Docket No. 97-55

Dear Commissioners:

On behalf of the American Academy of Pediatrics, comprised of 53,000 pediatricians, I'd like to submit this document as our formal comments on the television rating system. For more than 25 years, pediatricians have been addressing the impact of media on children and adolescents. Television is unique among most mediums in that it is readily accessible at all hours and it's free. Each of us has benefited from television's ability to educate and instruct. It is our concern, however, that the positive aspects of television for children and adolescents are being consumed by the negative aspects. For this reason, the American Academy of Pediatrics supports any measure that will help provide parents the tools in which to monitor and control what their children are exposed to via television and other mediums.

Pediatricians understand that some media can serve as a public health risk factor. Over 1,000 studies, including a Surgeon General's special report dating back to as early as 1972 and a National Institute of Mental Health report 10 years later, attest to the causal connection between media violence and aggressive behavior in some children. In addition, media contributes to risky health behaviors by adolescents. Alcohol and tobacco advertising entices teens to try addicting substances, for example. Films such as Pulp Fiction glamorize heroin use. Sexual promiscuity and innuendo seen on daytime soap operas and primetime television shows further erodes parental values and education about abstinence and birth control. The number of

profane words prohibited from being said on television has dwindled to 1 or 2.

We can all agree that ultimately, parents are the ones who are responsible for monitoring what their children and adolescents see on television. Pediatricians advise parents to monitor their children's consumption of all media closely and to limit total television viewing to no more than 1 to 2 quality hours per day.

The Federal Communications Commission should be commended for strengthening the Children's Television Act of 1990 last August by requiring broadcasters to air at least 3 hours per week of educational programming for children. The American Academy of Pediatrics looks forward to this fall when those shows begin airing. We plan to monitor those programs deemed educational and sincerely hope that the FCC strictly enforces the law's mandate when broadcast licenses are reviewed.

Major efforts by all parties, including the industry, should be made to increase the quantity and quality of educational programming for children and teenagers, so that "good" programming will vastly overwhelm "bad" programming. Until that happens, the American Academy of Pediatrics will support mechanisms like the v-chip and ratings to bring television control and choice back into the hands of parents.

The American Academy of Pediatrics has stated frequently that an effective television rating system should be content-based to offer parents guidance on a program's level of sex, violence and language for the public health reasons listed at the beginning of these comments. Based on that criteria and the first standard set forth for the FCC under Section 551 (e) of the law, the age-based system in use now by the industry is not acceptable. It does not empower parents since it does not provide objective, nonjudgmental information for the parent to decide what's appropriate for their child. The industry system is a judgment by someone else, not parents, as to who can watch a particular program.

The first standard under Section 551 (e) states the FCC must determine whether "video programming distributors have established, within one year of the 1996 Act's

enactment, voluntary rules for rating video programming that contains sexual, violent or other indecent material about which parents should be informed before it is displayed to children" (emphasis is by the American Academy of Pediatrics). A TV-PG or TV-14 rating icon in the upper left hand corner for 15 seconds in no way reflects such content. Add to that the fact that many newspapers have yet to publish any explanation of the icons and you come up with a system that is, at this point, relatively useless. Informal conversations pediatricians have had with parents reveal that although the system is a good idea in principle, they often don't know what the icon means and frequently don't see it when they turn on the television. If you tune in after the first 15 seconds, there is no indication as to the show's rating.

In fact, their system evokes many questions. Who determines what is a children's program? What is the content coding system to be employed in rating? What determines quality control measures to ensure uniformity? The fact that similar shows, such as David Letterman and Jay Leno have received different ratings is evidence that there is nothing in place to ensure uniformity. The vast majority of prime-time shows have been rated TV-PG or TV-14, regardless of content. A recent episode of NYPD-Blue, rated TV-14, dealt with auto-erotic asphyxiation and contained nudity. It was a show few, if any, parents would deem suitable for a 15-year-old. The film "Carlito's Way" received a movie rating of "R"-- no one under the age of 17 admitted -- when released through theaters, but when it aired recently on television the icon flashed TV-14. Profane language, ranging from the use of "bastard" "ass" and "bitch" flow from characters' mouths between 8 p.m. and 10 p.m. Sexual innuendo and sex scenes dominate such prime-time shows as "Friends" and "Melrose Place," in time slots that used to be designated as the "family hour."

Eight medical and health organizations, including the American Academy of Pediatrics, are urging the television industry to accompany the on-screen rating icons, such as TV-PG and TV-14, with their corresponding descriptive content information to

specify the type of violence, sexual material and profanity in every rated program. This is already being accomplished by the cable industry, which has taken the process one step further by also offering specifics on the actual amount of objectionable material included in each program.

In addition, the American Academy of Pediatrics believes that parents and child development experts, not just industry representatives, should serve on the oversight monitoring board. If parents are the very audience a rating system is designed to help, they deserve the power to make suggestions and changes.

As the Federal Communications Commission establishes a technical standard for the v-chip (line 21 of the Vertical Blanking Interval), it is imperative that no regulatory or legislative limits be created that would preclude the technological opportunity for an alternative system to be broadcast in addition to the industry's rating system should the public desire a choice in the future.

In regards to the FCC's desire for comments on whether the industry proposal satisfies Congress' concerns, it is difficult to speak on their behalf, but I feel confident they have been and are hearing from their constituents about the moral decline of American society. In voter focus groups sponsored by the American Academy of Pediatrics, many indicated that moral rot is eating away at the American family. I can't help but believe that the level of violence, sex and language beaming out of our television sets contributes in some part to the public's feeling that as a society, evil is winning out over good.

As decisions are made regarding the industry's rating system, whether at the legislative or regulatory level, we cannot forget the most important component: public education. Pediatricians have a key role in educating children and parents about television and all its aspects. In regards to the rating system, it is important to have parents understand why such a system is needed, to make any rating system useful to parents, and to make sure the system is placed prominently in print and broadcast

mediums. Pediatricians will continue to serve as a staunch advocate and reliable resource for families in this regard, just as we have had with media overall for the last 25 years.

I'd like to end these comments with two requests. First, the Federal Communications Commission should hold a television ratings hearing as soon as possible to bear out face to face the concerns and needs of parents. Since we all agree this system is a tool for their use, they deserve to be heard in person, not just in writing. Second, now is the time to conduct another comprehensive study on the effects of media on children and adolescents. The media has changed dramatically since the 1982 National Institute of Mental Health study. Mediums have been added (i.e., the Internet) and messages have changed. The American Academy of Pediatrics has already started exploring the possibilities, and we would certainly welcome a partnership with the appropriate government agencies.

Thank you in advance for your consideration of the American Academy of Pediatrics' comments.

Sincerely,

Robert Hannemann, M.D.

Robert Hannemann, MD

President